



CERTIFICATE OF TRANSMISSION/MAILING

Ref. No.: 11984.5

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at (571) 273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 9, 2005.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005		Docket Number (Optional) 11984.5
Application Number: 10/723,015		Filed: November 26, 2003
For: CLAMP IDENTIFICATION MARKER		
Art Unit: 3611		Examiner: Cassandra Davis
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 <u>\$60.00</u>
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> A check that includes the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0843</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,481</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration Number <u>39,481</u>		
 Kenneth E. Horton		<u>September 9, 2005</u> Date <u>(801) 321-4897</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

NOTE: Sixty days of fall

The FCA requires signatures of all inventors or designees of record of the client's interest or their representative(s) are required. Each invention form will require more than one signature is required, see below.

Total of _____ forms are submitted.

September 9, 2005

Date

(801) 321-4897

Telephone Number

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